



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS**

19 STANIFORD STREET • 2<sup>ND</sup> FLOOR, BOSTON, MA 02114  
PHONE: 617-626-6960 • FAX: 617-626-6965 • [www.mass.gov/dols](http://www.mass.gov/dols)

**ASBESTOS DESIGNER APPLICATION**

(In accordance with the provisions of M.G.L. c. 149, § 6-6F ½ and 453 CMR 6.00)

- ☐ Initial Application  
☐ Renewal Application  
☐ Duplicate Application/Issue

License # \_\_\_\_\_  
Date \_\_\_\_\_  
Reviewer \_\_\_\_\_

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

**Section I: APPLICANT INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence (Street) \_\_\_\_\_ Tel # \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_

**Section II: EDUCATION BEYOND HIGH SCHOOL**

Name and address of institution attended: \_\_\_\_\_  
\_\_\_\_\_  
Degree received \_\_\_\_\_ Date of Degree \_\_\_\_\_  
Field(s) of concentration: \_\_\_\_\_ Industrial Hygiene \_\_\_\_\_ Occupational Health \_\_\_\_\_ Environmental Science  
\_\_\_\_\_ Biological Science \_\_\_\_\_ Physical Science \_\_\_\_\_ Other \_\_\_\_\_  
Are you a registered architect or engineer? \_\_\_\_ Yes \_\_\_\_ No Date of Registration \_\_\_\_\_

**Section III: EMPLOYMENT EXPERIENCE IN ASBESTOS ABATEMENT FIELD**

Document experience in the asbestos abatement field. Attach separate sheet(s) or a detailed resume outlining projects, dates, responsibilities, and name and certification number of immediate supervisor, if necessary.

Name and address of employer \_\_\_\_\_ Tel # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Position/Title \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's name and position/title \_\_\_\_\_

#### Section IV: ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. A form of picture identification acceptable to DLS that positively establishes the identity and age of the applicant.
- b. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(f), and/or 453 CMR 6.10(5). **Original training certificates will be returned after review of the application.**
- c. A copy of your bachelor's degree in industrial hygiene, occupational health, or environmental, biological or physical science.
- d. A copy of your registration as a registered architect or engineer.
- e. Documentation demonstrating fulfillment of the experience of a minimum of 12 months experience in the asbestos abatement field, where claimed in accordance with 453 CMR 6.07(2)(c)2; or a combination of education and experience equivalent to that set forth in 453 CMR 6.07(2)(c)1 and 2.
- f. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- g. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00.** If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

#### Section V: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, \_\_\_\_\_, do hereby certify, that I have complied with all laws of the Commonwealth relating to taxes,  
(PRINT NAME)  
reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)), that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

**Signed under the penalties of perjury,**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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#### APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DLS OFFICES LISTED BELOW:

MONDAY - WALK IN SERVICE: 9am to 3pm  
TUESDAY - WALK IN SERVICE: 9am to 3pm  
WEDNESDAY - WALK IN SERVICE: 9am to 3pm  
THURSDAY - WALK IN SERVICE: 9am to 3pm  
FRIDAY - WALK IN SERVICE: 9am to 3pm

19 Staniford Street, 2<sup>nd</sup> Floor, Boston, MA 02114 617-626-6960  
165 Liberty Street, Springfield, MA 01102 413-781-2676  
4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797  
1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St. 508-984-7718  
167 Lyman Street, Westborough, MA 01581 508-616-0461